## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 28, 2005 08:00 AM **DOCUMENT # F01000001911 Secretary of State** 1. Entity Name UNITRODE CORPORATION Principal Place of Business Mailing Address M/S 3998 M/S 3998 P.O. BOX 650311 P.O. BOX 650311 DALLAS, TX 75265-0311 DALLAS, TX 75265-0311 No Chg-P 03182005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 04-2271186 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE SD THOMAS, BART T NAME 7839 CHURCHILL WAY STREET ADDRESS 000000278294 03728705-80021-002 150.00 CITY-ST-ZIP DALLAS, TX 75251 PD TITLE LOWE, GREGG A NAME 12500 TI BOULEVARD STREET ADDRESS DALLAS, TX 75243 CITY-ST-ZIP TITLE **BULL, ELIZABETH** 7839 CHURCHILL WAY STREET ADDRESS DO NOT WRITE DALLAS, TX 75251 CITY-ST-7/P IN THIS SPACE TITLE RIFKIN, ROBERT A NAME STREET ADDRESS 12500 TI\_BLVD. DALLAS, TX 75243 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

Clear WHY N. Bull

Elizabeth W. Bull, Director

972/917-6912

Daytime Phone #

**FILED**